

NATIONAL INSTITUTES OF HEALTH
ETHICS MANAGEMENT INFORMATION SYSTEM (EMIS)
DATA DICTIONARY

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Background/Terminology

The Ethics Management Information System (EMIS) is a relational database composed of numerous linked tables of data. Standard database nomenclature, and this document, use the terms as shown below. This Data Dictionary is intended to be used with the Data Entry Manual for EMIS, available on the NIH Ethics Program web site at: <http://ethics.od.nih.gov/emis.htm>

- EMIS Manuals provide details about the system and how to use the functions, including pictures of the screen and how to navigate the system.
- The Data Dictionary provides descriptions of each field, and specific instructions and definitions for what data are stored in the field and the meaning of each option in a drop-down menu. Note that EMIS is being revised. If you find you need other options in drop down menus, please send a note to the NIH Ethics Office Deputy Director.
- Database: refers to the entire EMIS structure, including data tables, programming, user interface, and all aspects of the whole system.
- Table: refers to each separate repository of data for a specific type of information, e.g., the Employee data table, the 520 table, the official duty activity table, the awards table, etc.
- Drop-down menu refers to a list of the choices for a specific field. Users must choose one of those options. For example, a drop-down menu would provide a 'menu' of options to respond to the specific field, such as a drop-down menu containing the options for filing status.
- Drop-down table refers to a related table to store specific information related to the current record being created or updated. For example, a drop-down table would permit adding or editing data about a specific field, such as the type and amount of compensation for an outside activity.

For consistency across the entire NIH, each field in each table is defined, and terms in the drop-down menus are defined. Some fields are self explanatory, therefore, Options/Definitions is left blank.

Note for Sponsor

For all activities, carefully analyze information to determine actual sponsor. The sponsor is that organization which makes the decisions about or for the event. A meeting planning company hired by another organization is not the sponsor; the organization which hired the meeting planner is the sponsor. Use the actual sponsor where requested on all forms.

Note for Organization Name

When entering an organization's name, provide the full name using standard abbreviations, followed by the acronym in parentheses. Standard abbreviations include:

Assn	Association
Am	American
Intl	International
Natl	National

Example: American Medical Association = Am Medical Assn (AMA)

Note for Notes Field

There is a "Notes" field on each data entry screen to enter additional **relevant** information. Conserve space, use standard abbreviations, omit extra spaces. Date and initial each entry per the example below. The field can accommodate multiple entries.

Example: 9/30/04 Employee retired. FEP

Note for Date Fields

For all date fields, use the m/d/yy format. It will be saved as mm/dd/yyyy, but you may save keystrokes by entering a single digit for month and day when appropriate.

Employee Data Table

Note: Any data downloaded from HR database can also be typed in by the user.

Employee Data Table (Add/Edit Employee Record)		
Field Name	Description	Options/Definitions
Last Name	Employee's last name	Use either lead capital letter or full caps.
First Name	Employee's first name	
MI	Employee's middle initial	
SSN	Employee's social security number	
Status	Status as an NIH employee	Active = current employee Inactive = former employee
IC	Employee's Institute/Center	Choose IC from Drop Down menu.
Procure Resp	Does the employee currently have procurement responsibilities?	Yes or No
HN Code	Official System Administrative Code (SAC)	H=DHHS, N=NIH, the following letters and numbers indicate the IC and the location within the IC. Is downloaded from the Human Resources Database.
Division	Major division with the IC; highest organizational level within the IC.	
Building	Building where employee's office is located	Use the drop down menu to insert building number.
Room	Room number of employee's office	Type in the appropriate room number; use standard NIH spacing, e.g., B2B13 for a room in Bldg 31.
MSC	Mail Stop Code	Use the 4-digit Mail Stop Code.
Position	Official position title	Downloaded from the HR Database.
Salary	Official salary level	Downloaded from the HR Database.
Pay Plan	Official Pay Plan	Downloaded from the HR Database.
Job Series	Official 4-digit job series	Downloaded from the HR Database.
Grade	Official 2-digit grade	Downloaded from the HR Database.
Step	Official step within the grade	Downloaded from the HR Database.
Mandatory Filer	Indicates filer type, or if not a filer, indicates whether receives training. Both 278 and 450 filers receive ethics training, so there is also indication whether employee receives training.	Form 278 = files the SF 278 Form 450 = files the OGE 450 Training Only = does not file, but does require ethics training. None = neither files nor receives training

Employee Data Table (Add/Edit Employee Record)		
Field Name	Description	Options/Definitions
Filer Effect Date	Date the employee became a financial disclosure report filer.	Insert date the employee became a New Entrant filer; not necessarily the date the employee became a Federal employee.
Notes	For use for other information, e.g., retirement date or why no longer a filer; e.g., converted to Title 42 and the conversion date. Conserve space in the table, do not use extra spaces or leave blank lines.	See "Note on Notes Field" on page 2. Example: 5/5/04 Converted to Title 42; change to OGE 450 filer. FEP

Public Financial Disclosure Report Table (SF 278)

Public Financial Disclosure Report (SF 278) Add/Edit a Record		
Field Name	Description	Options/Definitions
File Year (CY)	Calendar year covered by report.	More than one report covering a calendar year is possible, e.g., a New Entrant report followed by an Annual Report covering the same CY. (Note that the Annual will still cover the entire reporting period, and may overlap coverage of the New Entrant.)
Report Type	Type of report submitted; choose an option from the drop-down menu.	Annual Combine Termination/Annual New Entrant Termination
Filer Sig Date	Date the filer signed the report.	Use d/m/yy format for date.
Receipt Date	Date the IC Ethics Office received the report.	Use d/m/yy format for date.
DEC Sig Date	Date the DEC certified the report as showing no conflict.	Use d/m/yy format for date.
Copy to Emp Date	Date a copy of the certified report is sent to the employee.	Use d/m/yy format for date.
Termination Date	Date the employee is no longer a public filer, e.g., when leaves or converts to a non-filer status.	Use d/m/yy format for date.
Extension Due Date	New due date after granting an extension.	If grant multiple extensions, use the Notes field to keep track of the dates. Put the latest extension due date here. See Example below.
Late Fee	Indicates whether a late fee is not applicable or it was paid or waived.	N/A = not applicable Paid = employee paid the fee Waived = late fee was waived
Notes	Include any relevant notes. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2. Example of an extension: 5/31/04 End first extension. FEP

Confidential Financial Disclosure Report Table (OGE 450)

Confidential Financial Disclosure Report (OGE 450) Add/Edit a Record		
Field Name	Description	Options/Definitions
File Year (FY)	Fiscal year covered by report.	More than one report covering a fiscal year is possible, e.g., a New Entrant followed by an annual report later in the same FY. Note that the Annual Report covers only the time since the New Entrant Report, but may still cover some of the same FY.
Report Type	Type of report submitted; choose an option from the drop-down menu.	Annual Combined New Entrant
Filer Sig Date	Date the filer signed the report.	Use d/m/yy format for date.
Receipt Date	Date the IC Ethics Office received the report.	Use d/m/yy format for date.
Form Filed	Use the drop down menu to choose the form filed by the employee.	Form 450 = full form Form 450A = Statement of No New Interests (the 'short' form)
DEC Sig Date	Date the DEC certified the report as showing no conflict.	Use d/m/yy format for date.
Copy to Emp Date	Date a copy of the certified report is sent to the employee.	Use d/m/yy format for date.
Termination Date	Date the employee is no longer a public filer, e.g., when leaves or converts to a non-filer status.	Use d/m/yy format for date.
Extension Due Date	New due date after granting an extension.	If grant multiple extensions, use the Notes field to keep track of the dates. Put the latest extension due date here. See Example below.
Notes	Include any relevant notes, e.g., first extension due date. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2. Example of extension dates: 11/15/04 End of first extension. FEP 11/30/04 End second extension. FEP

Outside Activities Table (HHS 520)

EMIS tracks only the main Outside Activity request form (HHS 520) because the two additional forms are not submitted separately. The former unnumbered supplemental information form (NIH 2802) and the NIH 2657 are not request forms on their own, but provide additional information necessary to complete the HHS 520 request package.

Outside Activities (HHS 520) Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date received in IC ethics office.	Use d/m/yy format for date.
Org Name	Full Name of the outside/sponsoring organization. Use standard abbreviation when relevant.	See "Note for Organization Name" on page 2.
Org Location	City and State of the sponsoring organization.	Use 2-letter standard abbreviation for states.
Org Type	Use the drop-down menu to choose the type of organization:	
	Educational Institution/University	Refers to a university or other school
	Government	Refers to some level of government, domestic or foreign
	Hospital/Medical Care Facility	Use this when the sponsor is a hospital or other medical care facility. Use this option when the sponsor hospital is associated with a university if the invitation came from the hospital.
	Industry, Non-Pharmaceutical	Refers to all industry other than pharmaceuticals and biotechnology companies.
	Industry, Pharmaceutical/Technology	Refers to all pharmaceutical and biotech companies. Use this for legal consulting if the law firm's client is a pharmaceutical or biotechnology company.
	Journal	Refers to when the sponsor is a journal, e.g., editor for a journal.
	Law-Firm	Use when the sponsor is a law firm, except if client is pharma/biotech.
	Non-profit	Use when sponsor is a non-profit association or entity, e.g., non-profit research institute or National Academies of Science.
	Other Organization	Use when the sponsor's type does not fit any other category.
	Professional Association	Use when sponsor is a professional association, such as the employee's professional association; e.g. American Psychological Association.

Outside Activities (HHS 520) Add/Edit a Record		
Field Name	Description	Options/Definitions
Activity Type	Use the drop-down menu to choose the type of activity, with or without compensation. Note that each type has "with compensation" and "without compensation." Choose which is appropriate for the activity.	
	Consulting (other than legal)	Refers to consulting activities with a sponsor other than a law firm. Includes some attendance at advisory or scientific board meeting if employee is asked to consult to the board rather than be a member of the board. Consulting is normally one person providing input vs. a board or committee of several persons providing input.
	Consulting with Law Firm	Refers to the employee assisting the law firm by offering opinions, ideas, etc., on a particular case, usually in an individual capacity.
	Legal Testimony	Refers to the employee providing expert or legal testimony, either written or oral. Sometimes, providing written reports is testimony, more than consulting.
	Member of Board/Committee (except Editorial Board)	Member of Board of Directors, Advisory Board, any other board other than an editorial board
	Member of Editorial Board	Member of an editorial board, e.g., for a journal's manuscript review/editorial board.
	Officer in Professional Association	Service as an officer, e.g., president, president-elect, secretary, treasurer, historian, or any other elected or appointed officer. Excludes chair of a committee of an association.
	Other Professional Activity	Any other activity not covered by the descriptions of the other options.
	Professional Practice (Health Care and Legal)	Engaging in professional health care or legal practice, e.g., doctor, nurse, physical therapist, respiratory therapist, or attorney, or any similar professional practice. Includes having one's own health care practice, e.g., own clients in a psychology practice.
	Self Employment	Owning one's company; working for self, regardless of the type of company. Does not include having own health care practice.
	Teaching/Lecturing/Presenting	Giving a talk, or series of talks; e.g., teaching a class or giving a single presentation to a class; giving a speech at a meeting or conference.
	Writing/Editing	Service as a writer or editor, e.g., for a textbook or journal. Includes serving as Editor-in-Chief, Associate Editor, etc.

Outside Activities (HHS 520) Add/Edit a Record		
Field Name	Description	Options/Definitions
Outside Position	Use the drop down menu to choose the position appropriate to the activity chosen above.	
	Consultant	Individual consulting vs member of an advisory board.
	Editor	Service as the editor of a journal or book, more than just reviewing manuscripts.
	Faculty	Teaching a full course at an educational institution.
	Member	Member of a committee or board, such as an advisory board; see Reviewer for members of editorial boards.
	Officer	Elected or appointed officer, such as in a professional organization.
	Practitioner	Engaging in health care, allied health care, or legal practice.
	Presenter	DO NOT USE, it is the same as speaker.
	Reviewer	Reviews documents, e.g., reviews manuscripts as a member of an editorial board, or grant reviewer.
	Speaker	Speaking to a group, e.g., giving a speech at a meeting or conference; giving a talk at a single class (versus having faculty responsibility for an entire course, see Faculty, above), or poster presentation.
	Writer	Actual writing activity, not just editing something written by others, e.g. writing a textbook chapter; writing a paper.
Start Date	Start date indicated by employee.	Use d/m/yy format for date.
End Date	Proposed end date indicated by employee	Use d/m/yy format for date.
Duration	Denotes the length of time the activity is expected to continue	
	Continuing	12 months or more; sometimes referred to as "ongoing."
	One-time	less than 12 months, even if multiple meetings/presentations
	Withdrawn	request withdrawn by employee prior to review and review/approval decision
Activity Hrs	Number of hours used by the activity, as indicated by employee on form. If the activity lasts more than one year, indicate total annual hours.	Indicate the maximum number of hours indicated by employee, e.g., if employee says 10-20 hours, use 20 hours.

Outside Activities (HHS 520) Add/Edit a Record		
Field Name	Description	Options/Definitions
Compensation Type	Use the most appropriate option. If both compensation and expenses, use the compensation type. Note: Only one option may be used. If the employee will receive both compensation and expenses, choose the option that is really compensation (honorarium, fee, royalty) and use the Notes field to itemize the other types and amount, e.g., expenses.	
	Expenses	Expenses only, no compensation
	Fee	Used for consulting, similar activities
	Honorarium	Use for speaking engagements
	None	Use when neither expenses nor compensation are received
	Other	Use when types of compensation, other than those listed, are received
	Per Annum	Do Not Use, will be removed
	Per Diem	Do Not Use, will be removed
	Royalty	Use when employee indicates receipt of royalties, e.g. for a book being written
Amount	Amount of the compensation type indicated in previous field.	Note: Multiple types of compensation and expenses are itemized in the Notes.
Annual Leave	Indicate number of hours of annual leave to be used for the activity.	Use whole number only. Round up when partial hours are indicated.
DEC Sig Date	Date signed by the DEC	Use d/m/yy format for date.
DEC Action	Indicate DEC action	Approved Disapproved Pending (e.g., no decision yet)
Copy to Emp Date	Date copy of the signed 520 sent to the employee.	Use d/m/yy format for date.
Pend Due Date	Optional Field, for use if you track requests back to the employee for additional information. Insert the date you gave for employee to respond.	Use d/m/yy format for date.
Termination Date	Date a continuing activity actually ended, not the proposed end date but the actual end date. It may be several years after the activity started.	Use d/m/yy format for date.
Notes	Insert other relevant information, e.g., multiple types of compensation. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2.

Official Duty Activities Table (NIH 2809 or ODA Memo)

Official Duty Activities (NIH 2809 or ODA Memo) Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date form/memo received in IC ethics office	Use d/m/yy format for date.
Org Name	Full name of the outside organization sponsoring the activity	See "Note for Organization Name" on page 2. Use standard abbreviations as needed.
Org Location	City, State of outside organization.	Use standard 2-letter state abbreviation.
Activity Location	City, State of where the activity will take place.	Use standard 2-letter state abbreviation.
Org Type	Choose the most appropriate type of organization from the drop-down menu.	
	Educational Institution/University	Refers to a university or other school
	Government	Refers to some level of government, domestic or foreign
	Hospital/Medical Care Facility	Use this when the sponsor is a hospital or other medical care facility. Use this option when the sponsor hospital is associated with a university if the invitation came from the hospital.
	Industry, Non-Pharmaceutical	Refers to all industry other than pharmaceuticals and biotechnology companies.
	Industry, Pharmaceutical/Technology	Refers to all pharmaceutical and biotech companies.
	Journal	Refers to when the sponsor is a journal, e.g., editor for a journal.
	Law-Firm	Use when the sponsor is a law firm.
	Non-profit	Use when sponsor is a non-profit association or entity, e.g., non-profit research institute or National Academies of Science.
	Other Organization	Use when the sponsor's type does not fit any other category.
	Professional Association	Use when sponsor is a professional association, such as the employee's professional association; e.g. American Psychological Association.
Position	Use the most appropriate position associated with this official duty activity.	
	Editor	Service as the editor of a journal or book, more than just reviewing manuscripts.
	Faculty	Teaching a full course at an educational institution.
	Federal Liaison	Use when the employee is representing the IC or NIH, participating in discussions but not voting (not helping make final decisions).

Official Duty Activities (NIH 2809 or ODA Memo) Add/Edit a Record		
Field Name	Description	Options/Definitions
	Member	Member of a committee or board, such as an advisory board or editorial board.
	Officer	Elected or appointed officer, such as in a professional organization. This activity requires a waiver of the conflict caused by the fiduciary nature of a position as officer.
	Other	Use when no other position matches the activity of the employee.
	Practitioner	Engaging in health care, allied health care, or legal practice.
	Speaker/Presenter	Giving a speech or poster session, e.g., at a meeting or conference; giving a talk at a single class (versus faculty responsibility for an entire course, see Faculty, above).
	Writer	Actual writing activity, not just editing something written by others, e.g. writing a textbook chapter; writing a paper.
Activity Type	Use the most appropriate option from the drop-down menu to match the employee's activity.	
	Clinical Practice	Use when the employee is engaging in clinical/health care practice.
	Editorial Board/Journal Reviewer	Use for service on an editorial board or manuscript review group for a professional journal.
	Federal Liaison	Use when the position is a Federal Liaison. This activity involves advice but not participation in decision making (does not vote on decisions).
	Member of Board/Committee	Membership on a board or committee, such as an editorial board.
	Officer in Professional Organization	Service as an officer in a professional organization. This activity requires a waiver of the conflict caused by the fiduciary nature of a position as officer.
	Other Official Duty Activity	Any other official duty activity which is not covered by the other activity types provided.
	Present/Speak	Use when the employee is giving a speech or presentation, e.g., single or series of talks, or a poster presentation.
	Write	Use when the employee will engage in writing as part of the activity, e.g., writing a book about research results.
Activity Hours	Indicate number of hours the employee will engage in this activity.	If the activity lasts more than one year, indicate total annual hours.
Start Date	Indicate the date the activity will start.	Use d/m/yy format for date.

Official Duty Activities (NIH 2809 or ODA Memo) Add/Edit a Record		
Field Name	Description	Options/Definitions
End Date	Indicate the projected end date as provided on the request form.	Use d/m/yy format for date.
Duration	Denotes the length of time the activity is expected to continue	
	Continuing	12 months or more
	One-time	less than 12 months, even if multiple meetings/presentations
	Withdrawn	request withdrawn by employee prior to review and review/approval decision
Expenses	Indicate who will pay expenses, the NIH, the outside organization, or both.	
	NIH	NIH pays related expenses
	NIH & Organization	NIH and the outside organization share the expenses
	Organization	The outside organization pays all expenses.
Pend Due Date	Optional Field, for use if you track requests to the employee for additional information. Insert the date you gave for the employee to respond.	Use d/m/yy format for date.
DEC Sig Date	Date signed by the DEC	Use d/m/yy format for date.
DEC Action	Indicate DEC action	Approved Disapproved Pending (e.g., no decision yet)
Copy to Emp Date	Date copy of the signed ODA memo or NIH 2809 ODA form was sent to the employee.	Use d/m/yy format for date.
Termination Date	Date a continuing activity actually ended, not the proposed end date but the actual end date. It may be several years after the activity started.	Use d/m/yy format for date.
Notes	Insert other relevant information. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2.

Widely Attended Gatherings (WAG) Table (NIH 2803)

Widely Attended Gatherings (NIH 2803) Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date request received in IC ethics office	Use d/m/yy format for date.
Event Date	Date of the event considered a Widely Attended Gathering	Use d/m/yy format for date.
Org Name	Full name of the outside organization sponsoring the activity	See "Note for Organization Name" on page 2. Use standard abbreviations as needed.
Event Location	City, State where event being held	Use standard 2-letter state abbreviation.
DEC Sig Date	Date signed by the DEC	Use d/m/yy format for date.
DEC Action	Indicate DEC action	Approved Disapproved Pending (no decision yet)
Copy to Emp Date	Date copy of the signed 2803 was sent to the employee.	Use d/m/yy format for date.
Notes	Insert other relevant information. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2.

Awards from Outside Organizations Table (HHS Award Review and Approval Form)

Awards from Outside Organizations (HHS Award Review and Approval Form) Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date request received in IC ethics office	Use d/m/yy format for date.
Date of Award	Date the award will be presented	Use d/m/yy format for date.
Sponsor	Full name of the outside organization giving the award.	See "Note for Sponsor" on page 2. Use standard abbreviations as needed.
Award Name	Full official name of the award, e.g., Nobel Prize in Medicine.	
Amount	Total value of the award, including cash, gifts, travel, for self and spouse/guest.	Include all items detailed on the award approval form.
DEC Sig Date	Date signed by the DEC	Use d/m/yy format for date.
DEC Action	Indicate DEC action	Approved Disapproved Pending (no decision yet)
Copy to Emp Date	Date copy of the signed award form was sent to the employee.	Use d/m/yy format for date.
Notes	Insert other relevant information. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2.

Honorary Degree (HHS Honorary Degree Review and Approval Form)

Honorary Degrees (HHS Honorary Degree Review and Approval Form) Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date request received in IC ethics office	Use d/m/yy format for date.
Conferral Date	Date the honorary degree will be given (or "conferred" on the employee).	Use d/m/yy format for date.
Org Name	Full name of the outside organization granting the honorary degree.	Use standard abbreviations as needed.
DEC Sig Date	Date signed by the DEC	Use d/m/yy format for date.
DEC Action	Indicate DEC action	Approved Disapproved Pending (no decision yet)
Copy to Emp Date	Date copy of the signed 2809 or memo was sent to the employee.	Use d/m/yy format for date.
Notes	Insert other relevant information. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2.

Recusal (Disqualification) (Memo format)

Recusal (Disqualification) Memo -- Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date request received in IC ethics office	Use d/m/yy format for date.
Effective Date	Date the recusal becomes effective	This is normally the date the employee knows of the need for a recusal.
Org Name	Full name of the outside organization with which the employee has a conflict.	See "Note for Organization Name" on page 2. Use standard abbreviations as needed.
Source	Choose the most appropriate option in the drop down menu. All are self-explanatory.	Award Current Outside Employer Financial Interests Former/Future Employer Honorary Degree Outside Activity Seeking Employment Sponsored Travel
DEC Sig Date	Date signed by the DEC	Use d/m/yy format for date.
DEC Action	Indicate DEC action. Until the options are changed, use Approved when a DEC concurs and Disapproved when a DEC does not concur with the recusal. Concur/Non-Concur will be used on the new recusal memo format.	Approved Disapproved Pending (no decision yet)
Copy to Emp Date	Date copy of the signed memo was sent to the employee.	Use d/m/yy format for date.
Notes	Insert other relevant information. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2.

Waivers and Authorizations Table

Waivers and Authorizations Table -- Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date request received in IC ethics office.	Use d/m/yy format for date.
Effective Date	Date the action becomes effective.	This is normally the date the action is approved.
Org Name	Full name of the outside organization with which the employee has a conflict, which this document would resolve, if approved.	See "Note for Organization Name" on page 2. Use standard abbreviations as needed.
Org Location	City, State of the outside organization.	Use standard 2-letter state abbreviation.
Source	Choose the most appropriate option in the drop down menu.	Award Current Outside Employer Financial Interests Former/Future Employer Honorary Degree Outside Activity Seeking Employment Sponsored Travel
Action Type	Choose the appropriate one for this action.	Authorization Waiver
DEC Sig Date	Date signed by the appropriate person, required to be the "appointing authority," which is the IC Director, unless the Director has delegated in writing the authority to sign waivers to the DEC. DECs may sign authorizations.	Use d/m/yy format for date.
DEC Action	Indicate action by whomever signed, see note above about authority to sign which document.	Approved Disapproved Pending (no decision yet)
Copy to Emp Date	Date copy of the signed memo was sent to the employee.	Use d/m/yy format for date.
Pend Due Date	Optional Field, for use if you track requests back to the employee for additional information. Insert the date you gave for employee to respond.	Use d/m/yy format for date.
Cancel Date	Date the waiver or authorization is cancelled. Indicate reason cancelled in the Notes field, e.g., no longer seeking employment.	Use d/m/yy format for date.
Notes	Insert other relevant information. Conserve space in the table, do not use extra spaces or blank lines.	See "Note on Notes Field" on page 2.

Sponsored Travel Table (HHS 348)

Sponsored Travel (HHS 348) Table -- Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Date request received in IC ethics office.	Use d/m/yy format for date.
TO Number	Travel Order number	
Intra/Extra	Use drop-down menu to select appropriate employee status	Extramural Scientist Intramural Scientist Other, e.g., Administrative, no duties similar to either extramural or intramural.
Start Date	Start date of the travel.	Use d/m/yy format for date.
Lead Days	EMIS automatically calculates this for you. It is the difference in number of days between the start date and the receipt date, to let you know how far in advance it was submitted.	
Authority	Use the drop-down menu to select the appropriate authority for the travel, located on the travel order document	See explanations of each, below. 31 USC 1353 42 USC 3506 5 USC 7342
Sponsor	Full name of the outside organization which is supporting the travel. If there is more than one organization, enter a record for each.	See "Note for Sponsor" on page 2.
Destination	City, State to which the employee is traveling.	Use standard 2-letter state abbreviation.
Domestic	Use the drop-down (or type Y or N) to indicate status.	Domestic = Yes Foreign = No
Amount	Indicate the amount of support for that sponsor.	As noted above, if there are multiple sponsors, each has a separate record which will include the amount for that sponsor.
Review Date	Date the ethics office reviews the HHS 348 request.	Use d/m/yy format for date.
DEC Sig Date	Date signed by the authorized ethics official.	Use d/m/yy format for date.
DEC Action	Use the drop-down menu	Use d/m/yy format for date.
Date to AO	Date the signed form returned to the AO.	DO NOT USE. Irrelevant field now that travel is done electronically.
Cancel Date	Date the travel was cancelled.	Include reason for cancellation in the Notes.
Notes	Include relevant information. Conserve space in the table, do not use extra lines or spaces.	See "Note on Notes Field" on page 2.

Explanation of Authorities to Accept Sponsored Travel:

31 U.S.C. 1353: This section provides authority for HHS to accept payment {or authorize an employee to accept such payment on its behalf) from a non Federal source for travel, subsistence, and related travel expenses in connection with attendance at meetings and similar functions relating to the official duties of the employee. It also provides for acceptance of travel payments for an accompanying spouse in some circumstances; and allows for acceptance of payments in excess of maximum per diem rates and higher

modes of transportation than that allowed by applicable travel regulations. It further authorizes the acceptance of payment from a conflicting non-Federal source when the benefit received outweighs the conflict of interest concern. This authority prohibits employees and/or their accompanying spouse from accepting payments in cash/check or similar instrument made payable to either traveler from the non-Federal source. Implementing regulations issued by the General Services Administration in consultation with the Office of Government Ethics are codified at 41 CFR Part 304-1.

42 U.S.C. 3506: Use this authority only when employees are performing advisory services. When travel is authorized under this authority (42 U.S.C. 3506), employees are NOT permitted to accept expenses, through the appropriation that are in excess of those permitted by the Federal Travel Regulations. Additionally, public perception must be taken into consideration as acceptance from a conflicting non-Federal source is not permitted. Obviously, employees may never accept cash in excess of travel expenses incurred.

5 U.S.C. 7342 (Foreign Gifts and Decorations Act): This act provides authority for employees and members of an employee's family and household to accept gifts of travel expense for travel taking place entirely outside the United States when the donor of the gift is a foreign government (to include international or multinational organizations). Acceptance under this authority must be consistent with the interests of the United States and the travel must be approved by the appropriate authorizing official even where the employee travels in his/her private capacity on non-official time.

(Source: HHS Travel Manual 1-70-20)

Ethics Training (New and Annual) Table

Ethics Training (New and Annual) Table -- Add/Edit a Record		
Field Name	Description	Options/Definitions
Training Year	Enter the calendar year that the training covers.	Note that for employees who complete their training late, e.g., early in the next year, the correct entry is still the year covered by the training.
Training Date	Enter the actual date that the employee completed the training.	Use d/m/yy format for date.
Type	Use the drop-down menu to choose the type of training completed.	<p>New Employee = new employee orientation accomplished within 90 days of entering on duty at NIH.</p> <p>Verbal - includes the computer-based training and in-person training.</p> <p>Written - only written materials provided to the employees, no in-person or computer-based training.</p> <p>Enter a second record for that year if the employee receives more than one type of training.</p>
Module #(s)	Insert the module numbers if the employee completed the computer based training.	Enter the module number, a comma, and the next number, without spaces, e.g., 1,2,3,4
Notes	Include relevant information. Conserve space in the table, do not use extra lines or spaces.	See "Note on Notes Field" on page 2.

Other Ethics Actions Table

Other Ethics Actions Table -- Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Enter the date the action was received in the ethics office, or the ethics office became aware of an issue.	Use d/m/yy format for date.
Source of Action	Use the drop-down menu to choose the source or reason for this 'other' action.	278 Public Financial Disclosure 348 Sponsored Travel 450 Confidential Financial Disclosure 520 Outside Activity Award CRADA Honorary Degree Official Duty Activity Other Training, Annual Training, New Employee
Org Name	Enter the name of the affected outside organization.	See "Note for Organization Name" on page 2.
Org Location	Enter the City, State of the organization.	Use standard 2-letter state abbreviation.
Action Type	Use the drop-down menu to choose the type of action resulting from the issue which arose. Example, if the employee had conflicting financial interests on a financial disclosure report resulting in divestiture, choose divestiture as the resulting action.	Authorization Counseling Divestiture Reassignment Recusal Reprimand, Verbal Reprimand, Written Resignation from Government Terminate Activity Waiver
	Example: Insert Counseling here and in the Notes indicate what caused the counseling, e.g., Employee participated in discussion re: UMCP grant application despite recusal from UMCP.	
Action Date	Enter the date the action was determined.	Use d/m/yy format for date.
Action Effective Date	Enter the date that the action will take effect.	For example, if the employee will resign, enter the date of employee's last day of service.
Notice to Emp Date	Enter the date that the employee was notified of the action, either verbally or in writing.	Use d/m/yy format for date.
Notes	Include relevant information. Conserve space in the table, do not use extra lines or spaces. See examples above in explanation of Action Type.	See "Note on Notes Field" on page 2. For example, may indicate content, time and place of verbal counseling; or who was present.

Ethics Advice Table

Ethics Advice Table -- Add/Edit a Record		
Field Name	Description	Options/Definitions
Receipt Date	Enter the date that the ethics office received a request for advice.	Use d/m/yy format for date.
Ethics Office	Enter the initials of the ethics official who provided the advice.	Use 3 initials; if multiple ethics staff have same initials, designate them as XXX1, XXX2, etc., where XXX = the employee's real initials.
Topic	Use the drop-down menu to choose the topic.	Award Conflicting Financial Interests CRADA Financial Disclosure Foreign Entities Gift Acceptance Honorary Degree Impartiality Misuse of Position Office Duty Activity Outside Activity (520) Post-employment Sponsored Travel (348) Training Widely Attended Gathering (WAG)
Question	Enter the question asked or issue raised by the employee.	Be succinct but give relevant facts.
Advice Given	Enter the advice provided.	Be succinct but give relevant information.
Notes	Include relevant information. Conserve space in the table, do not use extra lines or spaces.	See "Note on Notes Field" on page 2.

Cooperative Research and Development Agreement (CRADA) Table

CRADA Table -- Add/Edit a Record		
Field Name	Description	Options/Definitions
Start Date	Expected start date for the CRADA.	Use d/m/yy format for date.
End Date	Expected end date.	Use d/m/yy format for date.
Org Name	Full name of the CRADA partner. For multiple partners, add a record for each.	See "Note for Organization Name" on page 2. Use full legal name
Org Location	City, State where the partner is located.	Use standard 2-letter state abbreviation.
Notes	Include relevant information. Conserve space in the table, do not use extra lines or spaces.	See "Note on Notes Field" on page 2. Example: Include the CRADA identification number.

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